

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5710

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo.</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla, mo</u>		c. LENGTH OF STAY (in this place) <u>744</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla, mo Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>Rolla TWP</u>			
3. NAME OF DECEASED (Type or Print) <u>Bryant</u>		a. (First) <u>L.</u>		c. (Last) <u>Ray</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4 1950</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>10/1/1871</u>	
9. AGE (In years last birthday) <u>74</u>		10. AGE (In years last birthday) <u>74</u>		11. BIRTHPLACE (State or foreign country) <u>Linn Co. Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Linn Co. Kansas</u>			
13a. FATHER'S NAME <u>Andy Ray</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Morris</u>		14. NAME OF HUSBAND OR WIFE <u>L</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Al Ray Vichy Rd. Rolla, mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Prostate</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>177X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>177X</u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>		21f. HOW DID INJURY OCCUR? <u>—</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>3/23</u> , 19 <u>49</u> , to <u>2/4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2/4</u> , 19 <u>50</u> , and that death occurred at <u>4:00 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Nadine L. Stocco</u>		23b. ADDRESS <u>Rolla, mo.</u>		23c. DATE SIGNED <u>2/5/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 6-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rolla</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla, MO.</u>	
DATE REC'D BY LOCAL REG. <u>2-13-50</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stocco</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Holloway</u>		ADDRESS <u>Rolla, mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 2-21-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Licensed Embalmer No. 3643

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.